

**Exhibit 1 –
Report of Julie Sawyer-Little**



2217 Serene Lake Drive
Apex, North Carolina 27539
919-772-1486

November 23, 2016

David Lail
Yarborough, Applegate, LLC
291 East Bay Street, Second Floor
Charleston, South Carolina 29401

RE: Rene Cardoso

I. Introduction:

This case was referred to evaluate Mr. Rene Cardoso's vocational potential and future life care/medical needs. Conclusions and recommendations in this report have been developed based on review of the medical evidence provided, clinical intake interview, consultation with Dr. Taub, consultation with Dr. White, research, and further analysis. Mr. Cardoso was originally evaluated on May 18, 2015 and a report and life care plan was submitted on July 27, 2015. This report serves to update opinions based on a current intake interview completed on November 11, 2016 and additional information provided.

The following records and information were reviewed and considered in formulating opinions related to this case:

- Robert Sullivan, MD (Southeast Pain Care)-7/6/15
- Select Physical Therapy (Functional Capacity Assessment)-6/17/15
- William Vandergrift, MD (Medical University of South Carolina)-3/6/15
- The Rehab Center, Inc. (11/14/14)
- Genex Case Management (12/24/13)
- Physiofocus (6/18/14)
- Duke Eye Center
- Roy Majors, MD OrthoCarolina (9/4/13)
- Neal S. Taub, MD-October 2016
- Marshall White, MD

II. Current Medical Providers

Mr. Cardoso is presently being seen by Dr. Neal Taub for pain management and Dr. Marshall White (neurologist) to address cognitive and memory issues.

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III. Family/Social History

Mr. Cardoso is 42 years old and presently resides with his girlfriend and 2 youngest children. The evaluation was conducted at The Law Office of Michael D'Agata in Charlotte, North Carolina.

The clinical intake interview was approximately 1.50 hours in length and a Spanish Interpreter was present to assist with any clarification to questions which were needed. Mr. Cardoso is presently uninsured which has had a significant impact on his ability to seek medical care and purchase medications.

IV. Functional Daily Activities/Physical Capacity:

Mr. Cardoso's chief complaints include;

- Burning type pain in both upper extremities (left greater than right);
- Numbness and burning in the lower extremities which worsens at night and interrupts his sleep;
- Radiating pain into the left lower extremity into the bottom of his foot;
- Low back pain which is "pressure and burning" in nature;
- Vertigo when transitioning from sitting to standing or bending over and rising;
- Pain in left shoulder in the area of the rotator cuff;
- Neck symptoms have improved a little with continued "pulling sensation and cramping" in the frontal aspect of neck;
- Continue to have headaches on a daily basis in the occipital region to the base of his neck;
- Edema in the bottom of his foot which increases dramatically with prolonged standing and walking;
- Changes in weather and climate continues to impact his pain level;

He notes that his most problematic condition are the chronic headaches.

In regard to his functional abilities, Mr. Cardoso is independent with showering, dressing, grooming, toileting, and basic cooking. He typically completes grocery shopping with his girlfriend but can go the grocery to purchase a few items. He estimates his standing tolerance to 30 minutes and can walk approximately $\frac{3}{4}$ mile. He can sit for up to 2 hours with the need to shift and reposition for pain relief. He can lift up to 23 lbs. (daughter) on a very occasional basis. He is able to stoop, kneel and squat on an occasional basis. He is unable to tolerate reaching with both upper extremities above waist level and notes decrease strength (grasping) in the left hand. Mr. Cardoso can lift and carry a 24 count pack

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of water primarily with the right upper extremity (using the left as an assist). He does not feel he could lift a gallon of milk with his left upper extremity.

He estimates that his sleep is interrupted and does take a nap on a daily basis (approximately 1 hour).

Mr. Cardoso reports changes in his memory and mood which has impacted his concentration, relationships, and ability to perform routine activities. Because of the chronic pain he experiences on a daily basis, Mr. Cardoso tends to isolate himself and will become angry at times. He admits to having some depression however denies any homicidal or suicidal ideations. Reports he "thinks a lot about the pain and whether he will improve". His girlfriend worries about his symptoms, the future, and ability to raise 2 young children. Mr. Cardoso admits that he is forgetful and requires reminders to take medication, attend doctors' appointments, etc. He has recently limited his driving due to increased vertigo. Mr. Cardoso is able to tolerate driving short distances to the grocery store and appointments. He continues to experience frustration due to his inability to work and enjoy activities as he did in the past. Mr. Cardoso became tearful during the interview when discussing his current situation.

During the interview, Mr. Cardoso was observed to rub his right and left arms. He was visibly in pain and "reported not having a good day". Mr. Cardoso reported having a headache and neck pain during the meeting. He stood after sitting for 35 minutes. He was able to tolerate driving 15 minutes to his attorney's office with minimal difficulty.

Current medications include; Fentanyl Patches, Nucynta, Lyrica, Amitriptylline, Cymbalta, Belsomra, and Nuvigili

V. Educational/Vocational Background:

As previously stated in a report dated July 27, 2015, Mr. Cardoso completed the 8th grade in Puebla, Mexico. While living in Mexico he worked part-time with his uncle who was an Electrician. He admits that his reading, writing and math in Spanish are adequate to perform all daily tasks. He has a fairly good command of the English language (speaking) but admits he is not as strong in reading English. He came to the United States in 1998 and initially worked in a factory in Georgia. At the time of the accident, he was employed by Hartland Resources as an Electrician. He began working with them in 2008 and was making 19.00 per hour (40 hours) plus overtime. His average weekly wage was 796.04. He worked under the direction of a licensed electrician and performed all duties associated with industrial and commercial electrical work. At times he would "run a crew" working alongside other employees to complete the assignment for that day. He was required to lift in excess of 100 lbs. on a

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regular basis. He was employed as an Electrician Helper with Gilmore Electric from 2006-2008 (14.00 per hour) and with Armado's Electrical (as an Electrician) from 2003-2006 (12.00 per hour). Mr. Cardoso worked with his brother as a Carpenter Helper from 2000-2003 and was paid 11.00 per hour.

Since his original injury, Mr. Cardoso has attempted to return to competitive employment however has not been able to sustain any employment for a significant period of time. He reports that his last employment ended approximately 2-3 weeks ago. Mr. Cardoso worked part-time for approximately 15 months driving a shuttle van transporting individuals to medical appointments. He worked no more than 3-5 days per week averaging 20 hours and was paid 10.00 per hour. His employer, Dillon Transportation was aware of his limitations and the need to take various medications to address his symptoms. It is important to note that he was previously a client who used this transportation service for medical appointments. He attempted to work with his brother performing carpenter work and was unable to complete a full-day due to increased pain and symptoms. Mr. Cardoso would like to return to his chosen occupation but is aware of his limitations and inability to do so. He was unable to identify any other competitive employment which may be suitable given his various symptoms related to the injury.

VII. Vocational Analysis and Opinions:

Based on a combination of factors, it is the opinion of this expert that Mr. Cardoso is unable to maintain competitive employment. His inability to sustain competitive employment is based on a combination of his physical limitations, chronic pain, and cognitive issues. Consultation with Dr. White confirmed that given his memory, concentration, and chronic pain, he would not be able to sustain the concentration, persistence and pace required to successfully return to work.

Occupation	Hourly Rate	Annual Salary (Range)
Electrician	20.33-22.36	42,286.00-46,509.00

*Based on Mr. Cardoso's work history the above hourly rate reflects the average to experienced range for the Charlotte MSA region (2016 data-Division of Employment Security, NC Department of Commerce).

Annual Wage Loss: 42,286.00-46,509.00

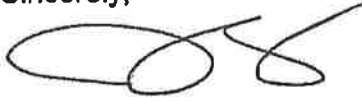
VIII. Life Care Plan/Medical Summary are attached as exhibits.

This concludes the report on Mr. Rene Cardoso. Please feel free to contact my office if you have additional questions.

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Sincerely,

A handwritten signature in black ink, appearing to read 'Julie Sawyer-Little', with a stylized, flowing script.

Julie Sawyer-Little, M.S., OT/L, CRC, CLCP, ABVE/F

Exhibits Attached:

Exhibit 1: Life Care Plan

Exhibit 2: Medical Summary

Exhibit 3: Curriculum Vitae

Exhibit 4: Deposition/Trial Appearances

Exhibit 5: Statement of Compensation

EXHIBIT 1

Life Care Plan
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LIFE CARE PLAN
Tables
for
Rene Cardoso

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Medical Follow-up/Therapeutic Intervention				
Recommendation	Dosage	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)
Pain Management/Dr. Taub		Beginning: 2016 Ending: Life Expectancy	Every 4-6 times per year, 80.00/visit	320.00-480.00/yr.
Neurologist		Beginning: 2016 Ending: Life Expectancy	4 times/yr.; 150.00- 180.00	600.00-720.00/yr.
Counseling Services		Beginning: 2016 Ending: Life Expectancy	20 visits over lifetime; Initial Evaluation 150.00-160.00; 120.00- 150.00 thereafter	2,400.00-3,000.00 (1 time cost)
Case Management/RN		Beginning: 2016 Ending: Life Expectancy:	1 visit/month; 75.00- 125.00/visit	900.00-1,500.00/yr.

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Medication					
Recommendation	Dosage	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)	
Fentanyl Patches	25 micrograms every 48 hours	Beginning: 2016 Ending: Life Expectancy	Every 48 hours; 205.49-209.00/month	2,466.00-2,508.00/yr.	
Nucynta	75 mg; 4 times per day	Beginning: 2016 Ending: Life Expectancy	Daily; 756.59-816.99/month	9,079.00-9,804.00/yr.	
Lyrica	150 mg; 3 times per day	Beginning: 2016 Ending: Life Expectancy	Daily; 552.49-616.99/month	6,630.00-7,404.00/yr.	
Amitriptyline	25 mg; 1 time per day	Beginning: 2016 Ending: Life Expectancy	Daily; 9.99-11.99/month	120.00-144.00/yr.	
Cymbalta	60 mg; 1 time per day	Beginning: 2016 Ending: Life Expectancy	Daily; 199.47-223.99/month	2,394.00-2,688.00/yr.	

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Orthotics				
Recommendation	Explanation	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)
Dress Shoes		Beginning: 2016 Ending: Life Expectancy	Every 2-4 years; 190.00	48.00-95.00/yr.
Casual Shoes		Beginning: 2016 Ending: Life Expectancy	Every 1-2 years; 140.00	70.00-140.00/yr.
Custom Orthotics		Beginning: 2016 Ending: Life Expectancy	3 Sets; Every 3-5 years 400.00/pair	240.00-400.00/yr.

*Note the above costs reflect 2015 data as the vendor who originally provided the cost is no longer in business. Orthotics and fittings are customized to the individual and therefore would be difficult to obtain from another provider. It has been the experience of this evaluator that generally the prices increase as opposed to declining each year. Therefore, it is felt the price reflects a conservative cost consistent with his needs.

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Diagnostics				
Recommendation	Explanation	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)
Brain MRI without contrast		Beginning: 2016 Ending: Life Expectancy	2 over lifetime; 1,068.00-1,168.00	2,136.00-2,336.00 (total cost)
Cervical Spine MRI with contrast		Beginning: 2016 Ending: Life Expectancy	2 over lifetime; 1,341.00-2,104.00	2,682.00-4,208.00 (total cost)
Random Drug Test		Beginning: 2016 Ending: Life Expectancy	4 times per year, 150.00/test	600.00/yr.

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Companion Services				
Recommendation	Explanation	Dates	Frequency	Expected Costs (Growth Trends to be determined by Economist)
Companion Services	Provide assistance with grocery shopping, meal preparation, negotiating transportation, etc.	Beginning: 2016 Ending: Life Expectancy	2 hours per day; 18.30-19.00/hour	13,359.00-13,870.00/yr.

EXHIBIT 2

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Medical Summary

Provider	Summary of Visit
Neal S. Taub, MD	<p>2/18/16: Initial Visit-Patient is a 41 year old male referred for further pain management related to chronic spine and extremity pain. He was originally injured on the job on 7/16/13. The patient was treated by a board-certified pain specialist and notes that he has had significant improvement in analgesia and functionality with fentanyl in conjunction with Nucynta for breakthrough pain. He notes currently that his pain level is 6/10 and usually worsen with activity and better with rest. The patient notes that he has been able to return to work a few hours per day, primarily driving. The patient was discharged from Southeast pain care as a result of multiple changes in appointments. For this reason the patient presents for further evaluation and management. Plan: The patient is an appropriate candidate for ongoing opioid analgesics as a result of significant benefit noted as well as improved functionality including assistance with household duties, parenting, and working part-time. His current dose of fentanyl will be continued with Lyrica restarted and amitriptyline restarted and Nucynta for breakthrough pain. Re-evaluate him in one month.</p> <p>3/17/16: Patient seen for re-evaluation. He notes ongoing diffuse spinal pain still extending generally from the cervical region to the waist and significant benefit noted with the current regimen. Continue on current regimen and return in 8 weeks.</p> <p>5/12/16: Returns for re-evaluation. Patient notes ongoing diffuse spinal pain still extending generally from the cervical region to the waist.</p> <p>Assessment/Plan: Intractable diffuse thorax and extremity pain status post cervical myelopathy, work-related necessitating chronic opioid analgesics. Continue fentanyl with Nucynta for breakthrough pain. Return in 8 weeks.</p>

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Medical Summary

Provider	Summary of Visit
Neal S. Taub, MD	8/24/16: Returns for follow-up visit. Complains of pain in the thorax and extremity pain which remained generally stable. We will continue fentanyl extended-release agent with Nucynta for breakthrough pain as a result of a very good functionality currently. Including full-time work. He will continue with current regimen and continue with local modalities, walking, stretching, etc. During this visit urine drug screen completed. Return in 12 weeks
	10/19/16: Patient seen for re-evaluation. Continues to complain of pain in the thorax and extremity. Intensity of pain is 8/10. Reports average pain level during the last week was 6/10. The percentage of my pain relieved during the past week was 50%. The amount of pain relief that I am obtaining is making a significant difference and overall improving the quality of life. We will continue fentanyl extended-releases agent with Nucynta for breakthrough pain. He is doing quite well with the current regimen. He is meeting his analgesic goal of a 40% average reduction in symptoms. He is meeting his functional goals including assistance with parenting. He is meeting his functional goals including household chores and working full-time. Urine drug screen; Return in 12 weeks.

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Medical Summary

Provider	Summary of Visit
Health & Rehabilitation Psychologist of Charlotte, P.A. 4/9/14 Dr. Sara McAnulty	<p>Neuropsychological Evaluation: Patient is a 39-year old referred for neuropsychological evaluation by his physician, Dr. Kern Carlton to clarify his neurocognitive functioning and assist in treatment planning. On March 19, 2014, the patient presented for an initial psychological evaluation with Brian O'Malley, Ph.D. It was Dr. O'Malley's impression that the patient was suffering from adjustment disorder with depressive features as well as a cognitive disorder secondary to his injury. Dr. O'Malley also recommended a multifaceted approach to treating his ongoing difficulties and recommended referral to Dr. Carlton. He also recommended neuropsychological evaluation to partial out residual cognitive impairments. Psychotherapy was also recommended to assist with his overall emotional distress.</p> <p>During the current interview, the patient reported difficulties with his cognitive skills. According to the patient, he is "not thinking right or normal". He describes himself as slower in his thinking. With continued focus, he receives a headache. He reported memory difficulties, such as trouble remembering appointments. He reported a tendency to lose and misplace things. He reported sleep difficulties marked by nightmares as well as difficulty falling asleep and staying asleep secondary to an inability to get comfortable. He averages five hours of sleep. He denied any history of depression or anxiety. He denied any current sources of stress in his life. Regarding activities of daily living, the patient notes that he is unable to drive, except for short distances, such as in a parking lot driving his trash to the dumpster. He has difficulties managing his medications, with a tendency to question if he has taken them or not. He is able to prepare simple meals. He describes being fluent in in spoken English and is able to</p>

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Medical Summary

Provider	Summary of Visit
Health & Rehabilitation Psychologist of Charlotte, P.A. 4/9/14-Continued Dr. Sara McAnulty	<p>read simple English, although reports he is unable to write in English. Test results indicate a full-scale intelligence quotient of 67, functioning in the mildly impaired range. General abilities Index of 70 placing his overall intellectual abilities, partialing out the effects of attention and processing speed, in the low average range.</p> <p>Impression/Recommendations: Collectively, the patient's neurocognitive profile revealed difficulties regulating attentional resources. It is likely that various factors are contributing to his difficulty regulating attention. First, the patient presents with various sources of physical pain as well as ongoing headache pain. Pain has certainly been known to disrupt cognition, and attention in particular. Unfortunately, his ongoing pain and sleep difficulties have contributed to fatigue. He did appear notably fatigued in the afternoon session. Thirdly, the patient's mood also appeared to impact his performance. Lastly, pharmacological approaches may also be undermining his cognition. His medication should be reviewed for deleterious effects to his cognitive status. In light of the complexity of the patient's current complaints, the relative contribution of residual cognitive deficits secondary to his brain injury could not be fully partialled out. However, I would expect that, as he integrates compensatory strategies and tools to address his attention regulation, increase his pain management as well as improve his mood, sleep and fatigue, he will likely see an overall improvement in his cognitive efficiency. Given the complexity of his difficulties contributing to his overall level of functioning, he would be a strong candidate for a functional restoration program that utilizes a more comprehensive approach in increasing his overall level of functioning.</p>

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Medical Summary

Provider	Summary of Visit
Health & Rehabilitation Psychologist of Charlotte, P.A.	<p>3/19/14: Initial Evaluation by Dr. O'Malley; Mr. Cardoso complains of depression secondary to his pain and associated limitations. Mr. Cardoso indicates that he experiences periods of emotional lability. He becomes tearful easily. He indicates that he worries excessively, particularly about the future. He is frustrated by the limitations. He can no longer do many of the things he once enjoyed. Mr. Cardoso complained of the moderate diminution of short-term memory and concentration. He indicates that he experiences lapses in concentration. He indicates that he tires easily with activities involving concentration or reading.</p> <p>Mr. Cardoso is suffering from an adjustment disorder with depressive feature and a cognitive disorder secondary to his industrial injury. At this juncture, Mr. Cardoso requires a multifaceted approach to his current difficulties. Physical medicine and rehabilitation evaluation and management of the sequelae of his spinal cord injury is indicated. Recommend a neuropsychological evaluation.</p> <p>Treatment Records for counseling services: 4/2/14-6/3/14-During these visits Mr. Cardoso continues to endorse difficulty sleeping and chronic pain.</p> <p>6/18/14: CogSmart Progress Note: Introduction and orientation provided. Patient returned to the session reporting that his top three difficulties included headaches, arm and shoulder pain, as well as numbness in his whole body. When asked specifically about cognitive complaints, the patient reported that he worries a lot, is disappointed and has memory difficulty. He identified that his goals were to complete tasks, decrease his worry regarding his prognosis as well as manage his pain better.</p>

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Medical Summary

Provider	Summary of Visit
Health & Rehabilitation Psychologist of Charlotte, P.A.	6/20/14: The patient returned to the session reporting having "lost" his CogSMART book and ultimately did not complete his homework. He presented with considerable difficulty staying attentive and focused during the course of the session. He was frequently off topic. He expressed his belief that he did not believe anything would work to manage his headache or his overall status. Despite coaxing and encouraging him to try these strategies and to apply the material discussed, the patient reported that he did not believe the headache would go away by talking to people. As such, he did leave the program early.
	6/24/14: Returns for individual psychotherapy today. Mr. Cardoso indicates that he experienced a syncopal episode earlier this week. He indicates that he was sitting in his car cleaning the console. He had placed the car in reverse but had his foot on the brake. He had his left foot outside the car. He remembers placing his left leg in the car. His next recollection was that the car had rolled down his driveway and struck a car across the street. He had no awareness that the car was moving. He indicates that his girlfriend observed the incident and indicated to him that he was slumped in the seat. He was advised that he should only drive if he believed that he was safe to do so.
	7/1/14: Returns for therapy. Reported increased full body pain, with the majority of intense pain occurring from the waist up, but with increasing pain and numbness occurring throughout the body. Mr. Cardoso demonstrated a great deal of pain behavior, as characterized by fixation on forehead. He appears resistant to the therapeutic process, and asked if he could be dismissed from the presence of this writer. He presented today with subdued mood. Affect appears blunted.

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Medical Summary

Provider	Summary of Visit
Select Physical Therapy Adam Strickley, PT	6/17/15: Mr. Cardoso demonstrated the ability to occasionally lift up to 30 lbs. floor to waist, 20 lbs. waist to shoulder, carry up to 30 lbs. Demonstrated constant sitting, frequent standing and occasional walking. Deficits identified during testing includes upper and lower extremity weakness and limited AROM which limited his ability to overhead reach with his left arm. Rene Cardoso demonstrated inconsistent performance with material handling and positional tolerance testing. This, in combination movement and muscle recruitment patterns while both aware and unaware of observation, indicates that the results of this evaluation can be considered to be minimal levels for Rene Cardoso's functional abilities and greater levels may be possible.

EXHIBIT 3



2217 Serene Lake Drive
Apex, North Carolina 27539
919-772-1486

Professional Vitae

EDUCATION

- 1992 **Masters of Science in Rehabilitation Science**
 East Carolina University
 Greenville, North Carolina
- 1989 **Bachelor of Science in Occupational Therapy**
 East Carolina University
 Greenville, North Carolina

LICENSURE/CERTIFICATION

North Carolina Board of Occupational Therapy-#897
American Occupational Therapy Board-#0047787
Commission on Rehabilitation Counselor Certification-#00011182
Certified Life Care Planner-#0330
American Board of Vocational Experts-Fellow #5112

PROFESSIONAL EXPERIENCE

- Aug. 1998 **Rehabilitation Consultant**
to Present *Sawyer Consulting, LLC* aka Sawyer & Associates
- Provide rehabilitation consultation (vocational and life care planning) services to attorneys, insurance carriers and employers.
 - Provide vocational expert testimony in social security hearings.
 - Provide vocational evaluation and case management services.
 - Provide job task analysis.
 - Provide job coaching services.
- Sept. 1997 **Director of Professional Relations**
to July 1998 *Easter Seal Home Health Services*
- Direct the development of and maintain contacts with the appropriate representatives from Health Maintenance Organizations, other managed care organizations and insurance companies to promote Easter Seal programs for business development.
 - Develop bids and contracts for managed care organizations, insurance companies and other potential payer sources as necessary.
 - Develop an in-depth understanding of different pricing strategies occurring in the home health market.
 - Instrumental in restructuring the intake/referral department.
 - Served as interim Rehabilitation Supervisor until position was filled.
 - Active participant and reviewer in the JCAHO preparation process.
 - Develop and maintain an understanding of trends in the home health market for future positioning of the agency.

May 1993 **Director of Industrial Services/Coordinator of Home Health Services**
to Aug. 1997 *Pro Active Therapy, Inc.*

- Responsible for supervision of COTA/L in provision of home health services.
- Collaborate with Director of Home Health Services to ensure smooth transition of new home health contracts.
- Evaluation and treatment of pediatric patients in outpatient setting (prn).
- Responsible for coordination/development of start-up of work hardening and acute clinic to include; up-fit, layout, equipment purchase, hiring, etc.
- Perform administrative duties to include: weekly payroll, hiring/firing, performance reviews, weekly schedules, CBU requests, etc.
- Perform chart audits to comply with Medicare and company policy.
- Develop/implement a comprehensive upper extremity and low back programs to include: work hardening programs, on-site therapy, cumulative trauma prevention programs, back prevention programs, on-site exercise programs, and ergonomic consultation.
- Manage/supervise five work hardening clinics (statewide) to ensure consistency and quality care.
- Perform industry based job-site analysis to provide recommendations in facilitating successful return to work of injured workers.
- Provide on-site occupational therapy services to MOEN, Inc. (New Bern, NC)
- Provide on-site occupational therapy services to Fieldcrest Cannon (Kannapolis, NC)
- Perform functional capacity assessments and vocational evaluations.
- Implement work hardening programs to injured workers.
- Communicate with rehabilitation specialists, insurance carriers, physicians, and attorneys regarding patient's disposition.
- Assist with vocational placement options and return to work process.
- Experience as an expert witness in disputed social security and workers' compensation litigation.
- Coordination of all conference/meeting related to marketing industry, insurance carriers, and rehabilitation specialists.
- Prepare and present proposal of services to industrial accounts for on-site services to include; on-site therapy, prevention programs, and pre-employment testing (Simpson Industries, MOEN, West Point Stevens, McLane Carolina, O'berry Center, Bridgestone/Firestone, Fieldcrest Cannon).
- Responsible for marketing to industrial accounts, insurance carriers, rehabilitation specialists, attorneys, and physicians.
- Coordinate quarterly meetings with program managers to discuss current issues, trends, and changes in the industrial programs.
- Development and implement post-offer/pre-employment screening to industries.

Nov. 1995 **Occupational Therapist (prn)**
to Aug. 1997 *NovaPro • Pittsboro, North Carolina*

Provide occupational therapy services on a prn basis (nursing home).

Nov. 1995 **Occupational Therapist (prn)**
to Mar. 1996 *CMS Therapies • Greenville, North Carolina*

Provide occupational therapy services on a prn basis (nursing home).

- Nov. 1991 **Lead Occupational Therapist-Industrial Program**
to April 1993 *Pitt County Memorial Hospital • Greenville, North Carolina*
Coordination of work hardening services.
- May 1992 **Staff Occupational Therapist (part-time/prn)**
to April 1993 *Tar Heel Home Health • Greenville, North Carolina*
Provide occupational therapy services to patients in their home to include evaluation and treatment.
- Jan. 1990 **Staff Occupational Therapist**
to July 1991 *Pitt County Schools • Greenville, North Carolina*
Provide occupational therapy services to children in the school system of various diagnosis (learning disabled, cerebral palsy, physically and mentally handicapped).

PROFESSIONAL ORGANIZATIONS AND AFFILIATIONS

North Carolina Occupational Therapy Association
International Association of Rehabilitation Professionals
International Association of Life Care Planners
American Board of Vocational Experts

PRESENTATIONS AND PUBLICATIONS

- March 2016 "Forensics in Rehabilitation"
IARP of the Carolina's Educational Conference
Greensboro, North Carolina
- March 2016 "A Vocational Experts Perspective on Visual, Speech, and Hearing Limitations"
North Carolina Advocates for Justice-Social Security Disability
Cary, North Carolina
- March 2015 "The Vocational Expert in a Social Security Case"
North Carolina Advocates for Justice-Social Security Disability-The Fundamentals
Cary, North Carolina
- Nov. 2014 "Brachial Plexus Injuries: Putting the Puzzle Pieces Together"
Annual Conference-International Association of Rehabilitation Professionals
San Diego, California
- March 2014 "Be the Strongest Link: Strengthening Forensic Testimony-Emphasis on Social Security with Implications for other Venues"
Annual Conference-American Board of Vocational Experts
Nashville, Tennessee
- Nov. 2013 "Social Security Disability Claims: What You Need to Know-Vocational Experts Perspective"
NC Bar Association
Cary, North Carolina
- Nov. 2013 "Forensic 101 Introduction to Forensic Rehabilitation Practice"
Annual Conference-International Association of Rehabilitation Professionals
Charleston, South Carolina

- May 2013 "The Life Care Plan: How to Further Your Case for Mediation and Trial"
NCBA Paralegal Division Annual Meeting
Greensboro, North Carolina
- Oct. 2012 "Forensic 101 Introduction to Forensic Rehabilitation Practice"
Annual Conference-International Association of Rehabilitation Professionals
San Juan, Puerto Rico
- Sept. 2012 "Confronting Medical Issues in Workers' Compensation Claims"
2012 Workers' Compensation Fall Program-NC Bar
Cary, North Carolina
- Dec. 2009 "View from the Vocational Expert's Chair"
SSA Seminar-North Carolina Advocates for Justice
Winston-Salem, North Carolina
- Oct. 2009 "Dealing with Complex Hypotheticals"
IARP-Forensic Conference
Memphis, Tennessee
- May 2004 "Dealing with Challenging Cases: Strategies for Examination of the Vocational Expert"
NOSCR Annual Conference
San Diego, California
- April 2000 "Life Care Planning and Vocational Rehabilitation"
Guest Speaker-East Carolina University
Greenville, North Carolina
- March 1999 "Industrial Rehabilitation and Case Study"
Guest Speaker-University of North Carolina
Chapel Hill, North Carolina
- Oct. 1999 "Life Care Planning: What Is It and How Does It Apply to OT"
North Carolina Occupational Therapy-Annual Conference
Raleigh, North Carolina
- June 1999 "Vocational Rehabilitation and Return to Work"
Co-Presenter; *16th Workers' Compensation Conference*
Chapel Hill, North Carolina
- April 1999 "Role of Occupational Therapy in the Industrial Setting"
Junior Class Presentation; East Carolina University
Greenville, North Carolina
- Nov. 1994 "Early Intervention, Work Hardening, and Return to Work"
The NCVWAA and NCRCA Fall Training Conference
Atlantic Beach, North Carolina
- Oct. 1994 "Integrating Ergonomics into the Rehabilitation Process:
A Multi-Disciplinary Approach for Successful Return to Work"
Human Factors and Ergonomics Society Annual Meeting
Nashville, Tennessee
- Nov. 1993 "Perceived Professional Status of Allied Health Professionals"
ASAHP National Conference
Orlando, Florida

- Nov. 1993 "Evaluation and Rating of Physical Disability"
North Carolina Occupational Therapy Annual Conference
Asheville, North Carolina
- Nov. 1993 "Expanding Payment Workshop"
North Carolina Occupational Therapy Annual Conference
Asheville, North Carolina
- June 1992 "Evaluation and Rating of Physical Disability"
Chapter in Handbook of Pain Management-Second Edition
- May 1992 "Perception of Professional Prestige in Allied Health Professionals"
North Carolina Occupational Therapy Annual Conference
Wrightsville, North Carolina
- April 1999 "The Role of Occupational Therapists' in an Industrial Setting"
Classroom presentation at East Carolina University
Greenville, North Carolina

WORKSHOPS AND CONFERENCES

- 2016 International Association of Rehabilitation Professionals-Annual Conference
Pittsburgh, Pennsylvania
- 2014 International Association of Rehabilitation Professionals-Annual Conference
San Diego, California
- 2014 International Symposium on Life Care Planning — Minneapolis, Minnesota
- 2014 American Board of Vocational Experts Conference — Nashville, Tennessee
- 2013 International Association of Rehabilitation Professionals-Annual Conference
Charleston, South Carolina
- 2013 Life Care Planning Symposium — Atlanta, Georgia
- 2012 International Association of Rehabilitation Professionals-Annual Conference
San Juan, Puerto Rico
- 2011 International Association of Rehabilitation Professionals-Annual Forensic Conference
Las Vegas, Nevada
- 2011 American Board of Vocational Experts Conference — Orlando, Florida
- 2009 International Association of Rehabilitation Professionals-Annual Forensic Conference
Memphis, Tennessee
- 2009 American Board of Vocational Experts Conference — New Orleans, Louisiana
- 2008 International Association of Rehabilitation Professionals-Annual Forensic Conference
Ft. Lauderdale, Florida
- 2008 International Association of Life Care Planners-Annual Conference
Scottsdale, Arizona
- 2007 American Board of Vocational Experts-Fall Conference
Charleston, South Carolina
- 2007 American Board of Vocational Experts-Pre Conference (Fall)
Charleston, South Carolina
- 2007 International Conference of Life Care Planning — St. Petersburg, Florida
- 2006 International Association of Rehabilitation Professionals-Annual Forensic Conference
Scottsdale, Arizona
- 2006 IARP-Annual Forensic Pre-Conference, Admissibility Testimony Series
Scottsdale, Arizona

2006 IARP-Annual Forensic Pre-Conference, Does the Data Fit the Purpose?
 Scottsdale, Arizona
 2006 International Conference on Life Care Planning — Atlanta, Georgia
 2006 Forensic Rehabilitation-A Foundation
 Preconference, Annual Conference — Minneapolis, Minnesota
 2006 Loss of Earning Capacity of a Child with Brachial Plexus Injury
 Preconference, Annual Conference — Minneapolis, Minnesota
 2006 Annual Forensic Conference — Minneapolis, Minnesota
 2006 Life Care Planning Summit — Chicago, Illinois
 2005 Geriatric Care Management, Modules 5 and 6 — Orlando, Florida
 2005 IARP Annual Conference — Orlando, Florida
 2005 Geriatric Care Management; Modules 1 and 2 — Atlanta, Georgia
 2004 The Annual Summit-Medipro Seminar — Atlanta, Georgia
 2004 American Board of Vocational Experts-Spring Conference
 Charleston, South Carolina
 2003 Annual Forensic Conference-Making the Point: Tools for the Forensic Rehabilitation
 Expert — San Antonio, Texas
 2003 Medicare Set-Aside Program-Medipro Seminars — Dallas, Texas
 2003 International Conference on Life Care Planning —Dallas Texas
 2001 International Association of Rehabilitation Professionals-Annual Conference
 Miami, Florida
 2000 Forensic Seminar — New Orleans, Louisiana
 2000 Certified Rehabilitation Counselor Series-Ethics — Raleigh, North Carolina
 2000 Annual NARPPS Meeting — Dallas, Texas
 1999 Legal Mediation Course for Certification — Charlotte, North Carolina
 1999 Life Care Planning Certification Program (Modules 1-8)
 Intellicus — University of Florida
 1999 The Sixth Annual Rehabilitation and Case Management Symposium
 National Association of Rehabilitation Professionals-Private Sector
 Greensboro, North Carolina
 1998 The 3rd Annual Life Care Planning Conference — Atlanta, Georgia
 1998 The Fifth Annual Rehabilitation and Case Management Symposium
 National Association of Rehabilitation Professionals-Private Sector
 Greensboro, North Carolina
 1997 Fifteenth Annual Workers' Compensation Conference
 Chapel Hill, North Carolina
 1996 Fourteenth Annual Workers' Compensation Conference
 Chapel Hill, North Carolina
 1996 North Carolina RIPPS Meeting-Update on Rules for Rehabilitation Services
 Raleigh North Carolina
 1996 National Association of Rehabilitation Professionals-Private Sector
 Annual Conference — Greensboro, North Carolina
 1987-1996 North Carolina Occupational Therapy Association-Annual Conference
 1995 North Carolina Occupational Health Nurse Conference
 Greensboro, North Carolina

1995 NCRCA Annual Meeting — New Bern, North Carolina
 1995 Thirteenth Annual Workers' Compensation Conference
 Chapel Hill, North Carolina
 1994-1998 North Carolina RIPPS Meeting — Greensboro, North Carolina
 1994-1996 North Carolina Safety Conference — Greensboro, North Carolina
 1994 The Upper Extremity Seminar-New Orleans, Louisiana
 1994 Functional Capacity Determination Applied to Independent Medical Examinations
 Gainesville, Florida
 1994 Managing Negativity in the Workplace — Rocky Mount, North Carolina
 1993 LiftStation Users Course — Hillsborough, North Carolina
 1993 IsoStation B-200 Users Course — Hillsborough, North Carolina
 1993 OSHA Training and Update — Fayetteville, North Carolina
 1993 Supervision Workshop — Rocky Mount, North Carolina
 1993 BTE Work Simulation in a Functional Rehab. Program
 Greensboro, North Carolina
 1992 Roy Matheson/Work Hardening — Atlanta, Georgia
 1992-1994 Tenth Annual Workers' Compensation Conference — Chapel Hill, North Carolina
 1991 National Occupational Therapy Conference — Cincinnati, Ohio

PROFESSIONAL/VOLUNTEER ACTIVITIES

2014 *Advisory Committee Member*-Standards of Practice for Life Care Planning-
 3rd Edition
 2013/2014 *Annual Conference Chair and Forensic Chair*
 International Association of Rehabilitation Professionals
 2013 *Planning Committee Member*
 Annual Life Care Planning Conference
 2013 *Chair of Missions*
 Woodhaven Baptist Church
 2012 *Forensic Chair-Elect*
 International Association of Rehabilitation Professionals
 2009-2011 *Planning Committee Member*
 International Association of Rehabilitation Professionals-Forensic Section
 2011-2012 *Planning Committee Member*
 American Board of Vocational Experts-Forensic
 2008-2011 *Deacon*
 Woodhaven Baptist Church
 2005-2007 *President-Elect*-Southern Wake Montessori School
 Holly Springs, North Carolina
 2004-2006 *Advisory Board-SafeTeens*
 Raleigh, North Carolina
 1999-2000 *Vice President*
 North Carolina Occupational Therapy Association

1994-1996 *Treasurer*
North Carolina Occupational Therapy Association

1992-1995 *Advisory Board Member*
Pitt Community College-COTA Program

1991-1993 *Eastern District Chair*
North Carolina Occupational Therapy Association

REFERENCES: Available upon request

EXHIBIT 4



2217 Serene Lake Drive
Apex, North Carolina 27539
919-772-1486

**Qualified Appearances for Deposition and Court Testimony
Julie Sawyer-Little, M.S., CRC, OT/L, CLCP, ABVE-F**

Counsel	Party	Trial	Deposition	Year
Stan Speckhard Alexander, Ralston, Speckhard & Speckhard	Eileen Hill	Yes-video		2008
Robert Grant Grant Richman	Rodney Davis		Yes	2008
Robert Grant Grant Richman	Rodney Davis	Yes		2009
Joseph Forbes Attorney At Law	William M. Barnes		Yes	2009
Pam Dledrich Mason, Cawood & Hobbs	Bonita Kenney		Yes	2009
Ronnie Mitchell The Mitchell Law Firm	Dwayne Abbott		Yes	2009
Al Thompson Banzet, Thompson & Styers	Cynthia Oliver		Yes	2009
Sara Ellerbe Lucas, Denning & Ellerbe	Gail McGee		Yes	2009
Brian Ricci The Ricci Law Firm	Walter Varney		Yes	2010
Mark Simpson Ted Greves & Associates	Brianna Gokel		Yes	2010
Finesse Couch Couch & Associates	Arianna McCray		Yes	2010
Brian Ricci The Ricci Law Firm	Doris Brown		Yes	2011

**Qualified Appearances for Deposition and Court Testimony
Julie Sawyer-Little, M.S., CRC, OT/L, CLCP, ABVE-F**

Counsel	Party	Trial	Deposition	Year
Christopher West White & Stradley, PLLC	Kevin Burris		Yes	2011
Robert Grant, Jr. Grant Richman	Sylvia Little		Yes	2011
Brian Ricci The Ricci Law Firm	Omar Leon		Yes	2011
Stan Speckhard Alexander, Ralston, Speckhard & Speckhard	Eileen Hill		Yes	2011
Sarah Ellerbe Lucas, Bryant & Ellerbe	Lloyd Davis		Yes	2011
Brian Ricci The Ricci Law Firm	Timothy Hannah		Yes	2012
Sarah Ellerbe Lucas, Bryant & Ellerbe	Gustavo Valadez Munoz		Yes	2012
Matthew Harbin James Scott Farrin	Darlene Marshall		Yes	2012
Richard Hamlett Etheridge & Hamlett	Patsy Jones		Yes	2012
Stan Speckhard Alexander, Ralston, Speckhard & Speckhard	Kenneth Mahaffey		Yes	2013
Carma Henson Henson Fuerst	Stephanie Webb		Yes	2013
Jeremy Tanner Tanner and Romary	Williams v. Waco Electric, et al.		Yes	2014
Ann C. Ochsner Whitley Law Firm	Lila Robinson (Federal)		Yes	2014

**Qualified Appearances for Deposition and Court Testimony
Julie Sawyer-Little, M.S., CRC, OT/L, CLCP, ABVE-F**

Counsel	Party	Trial	Deposition	Year
Bailey Melvin Melvin Law Firm	Jonathan McDonald		Yes	2014
Gil Beck U.S. Dept. of Justice	Teresa Ford v. USA (Federal)	Yes		2014
Jeremy Tanner Tanner and Romary, P.A.	Melanie Williams	Yes		2014
Bailey Melvin Melvin Law Firm	Maddox Jackson		Yes	2014
Bailey Melvin Melvin Law Firm	Min Stern		Yes	2014
Eileen Mullen Mullen Law Firm	Charles Adcock	Yes		2014
Bailey Melvin Melvin Law Firm	Ahnica Jackson		Yes	2015
David Harris Linck Harris Law Group, PLLC	Merrill v. U.S. (Federal)		Yes	2015
David Pishko David Pishko Law	Gerald Palmer		Yes	2015
Brian Ricci The Ricci Law Firm	Jimmy Beasley		Yes	2015
Bailey Melvin The Melvin Law Firm	Gavin Ogrim		Yes	2015
Gil Beck U.S. Dept. of Justice	Powell v. United States (Federal)		Yes	2015

**Qualified Appearances for Deposition and Court Testimony
Julie Sawyer-Little, M.S., CRC, OT/L, CLCP, ABVE-F**

Counsel	Party	Trial	Deposition	Year
Hunter Gentel- Eddins (Oxner & Permar)	Vincent Burgan v. ATM		Yes	2015
Vanessa Lucas Edelstein & Payne	Antonio Batrez Gomez v. BFN		Yes	2015
Jake Harper Law Offices of Jake Harper	Wesam El-Hanafi v. U.S. (Federal)		Yes	2015
Jake Harper Law Offices of Jake Harper	Wesam El-Hanafi v. U.S. (Federal)	Yes		2016
David Pishko David Pishko Law	David Bruton		Yes	2016
Collen Clark Clark Law Firm	Washington v. Trinity		Yes	2016
Laura Windley and Joanne Foil The Foil Law Firm	Brown v. Brown	Appeared but case settled prior to taking the stand		2016

EXHIBIT 5



2217 Serene Lake Drive
Apex, North Carolina 27539
919-772-1486

Statement of Compensation

In the civil action of Rene Cardoso v. USA . I am being compensated at the rate of \$195.00 per hour for study, preparation of expert witness report and other documents, and testimony. Travel time is billed at \$75.00 per hour. Cost for deposition testimony is \$650.00 for the initial 2 hours and \$195.00 per hour thereafter. Trial testimony is billed at \$650.00 appearance fee and \$195.00 per hour for testimony, waiting, and preparation time.

DATED: November 23, 2016

A handwritten signature in black ink, appearing to read 'JSL', written over a horizontal line.

Julie Sawyer-Little, M.S., OT/L, CRC, CLCP, ABVE/F